Primary care services – **Aneurin Bevan University Health Board**

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Contents

The Health Board has comprehensive plans for primary and community care and is making steady progress towards implementing the key elements of the national vision. While performance levels are above average for many indicators, growing workforce pressures are challenging the sustainability of core GP services in some areas.

Summary report

Background

1   The national primary care plan[1] defines primary care as follows:

'Primary care is about those services which provide the first point of care, day or night for more than 90% of people's contact with the NHS in Wales. General practice is a core element of primary care: it is not the only element – primary care encompasses many more health services, including, pharmacy, dentistry, and optometry. It is also – importantly – about coordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs.'

2   Exhibit 1 shows the important role that primary care plays in Wales.

Exhibit 1: why is primary care important in Wales?

First point of contact
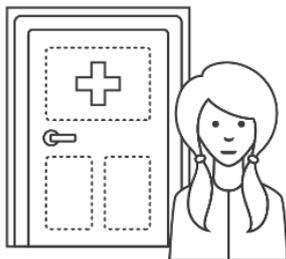
Primary care is the first port of call for the majority of people who use health services.

Spending on primary care

PRIMARY CARE
£1.39BN

REST OF THE NHS IN WALES
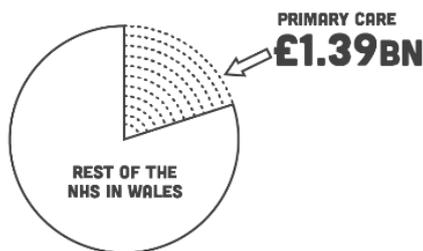
In 2016-17, the NHS in Wales spent £1.39 billion on primary care, which is around a fifth of the total NHS spending in Wales.

Prevention and early intervention
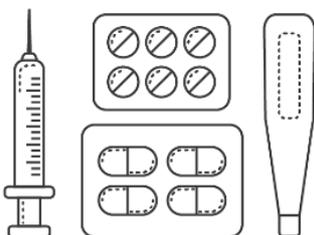
Primary care is also important because of its focus on promoting well-being, early intervention and preventing people's conditions from getting worse.

Coordinating care
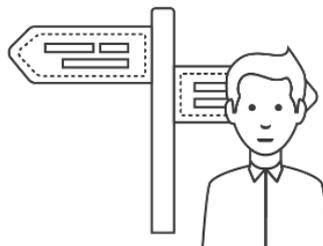
Primary care plays an important role in co-ordinating people's care, acting as a gateway to many other services.

[1] Our plan for a primary care service for Wales up to March 2018. Welsh Government. February 2015.

Source: Wales Audit Office. Note: Primary care expenditure is not consistently categorised by health boards. As such, it is likely that the £1.39bn figure from the NHS accounts does not represent the totality of primary care expenditure.

3   Wales has had plans for many years that stress the importance of primary care. The plans aim to rebalance the system of care by moving resources from secondary care towards primary and community care. The national primary care plan aims for a 'social model' that promotes physical, mental and social wellbeing, rather than just an absence of ill health. The core principles in the plan are: planning care locally; improving access and quality; equitable access; a skilled local workforce; and strong leadership.

4   The national primary care plan and the NHS Wales planning framework place an expectation on health boards to set out plans for primary care as part of their integrated medium term plan. Each plan should explain how the health board will develop the capacity and capability of primary care services.

5   To support the implementation of the national plan, NHS Wales issued a workforce plan[2] . Health boards are expected to put in place actions to secure, manage and support a sustainable primary care workforce shaped by local population needs and by prudent healthcare principles.

6   Primary care clusters are the main mechanism for planning services at a community level and were established in 2009[3]. Clusters are groups of neighbouring GP practices, other primary care services and partner organisations such as the ambulance service, councils and the third sector. There are 64 clusters (also known as neighbourhood care networks) in Wales. Their role is to plan and provide services for their local populations. The national primary care plan requires health boards to prioritise the rapid development of the clusters in their area.

7   To support the national primary care plan and encourage innovation, the Welsh Government introduced the national primary care fund in 2015-16. And in 2016-17, the fund totalled £41 million. Cluster development was provided with £10 million and health boards were allocated £3.8 million for pathfinder and pacesetter projects, which aimed to test elements of the primary care plan. The projects funded in this way have produced some new ways of working that have been collated into the Transformational Model of Primary and Community Care[4].

8   Since the national primary care plan was published in 2014, there have been a number of developments. In October 2017, the National Assembly's Health, Social

[2] NHS Wales. Planned Primary Care Workforce for Wales: Approach and development actions to be taken in support of the plan for a primary care service in Wales up to 2018. July 2015.

[3] Welsh Government. Setting the Direction Primary & Community Services Strategic Delivery Programme. 2009.

[4] http://www.primarycareone.wales.nhs.uk/pacesetters

Care and Sport Committee published a report following an inquiry into clusters[5]. The report noted impressive examples of progress but said that a step-change is required if clusters are to have a significant impact. The Welsh Government has continued to support the cluster approach through its programme for government[6].

9   However, at the same time as health boards are introducing new ways of working in primary care, there have been difficulties with recruitment and retention of GPs and other professionals. While there have been recent successes in recruiting GP trainees[7], in many areas more GP partners are retiring and there are particular difficulties in recruitment in rural areas.

10   The Welsh Government is planning to respond to the Parliamentary Review of Health and Social Care in Wales[8] with a £100 million transformation fund. It will be used to improve population health, drive integration of health and care services, build primary care, provide care closer to home, and transform hospital services.

11   It is therefore timely for the Auditor General to review primary care services in Wales. We have published two national reports on primary care this year. In April 2018, we published **A picture of primary care in Wales**. This provides a factual snapshot of primary care in Wales and contains background information that is not detailed in this report. And in July 2018, we published **GP out-of-hours services**.

12   To complement those national reports, this report summarises the findings of our work in Aneurin Bevan University Health Board (the Health Board), carried out between March and May 2018. We considered whether the Health Board is well placed to deliver the national vision for primary care as set out in the national plan. Appendix 1 shows our methods. The work focused specifically on areas:

- **Strategic planning**: Is the Health Board effectively driving implementation of the national primary care plan at a local level?

- **Investment**: Is the Health Board managing its finances to support transformation in primary care?

- **Workforce**: Is the Health Board well placed to deliver key aspects of the national primary care workforce plan?

- **Oversight**: Does the Health Board have effective arrangements for oversight and leadership that support transformation in primary care?

- **Performance**: Is the Health Board effectively monitoring its performance and progress in implementing its primary care plan?

[5] National Assembly for Wales, Health, Social Care and Sport Committee. Inquiry into Primary Care: Clusters. October 2017.

[6] Welsh Government. Prosperity for All: the national strategy. September 2017.

[7] The Welsh Government reported that 91% of Wales' GP training places were filled in 2017. 16 October 2017. http://gov.wales/newsroom/health-and-social-services/2017/gprecruitnew/?lang=en

[8] The Parliamentary Review of Health and Social Care in Wales. A Revolution from Within: Transforming Health and Care in Wales. Final Report. January 2018.

Key findings

13   Our overall conclusion is: **The Health Board has comprehensive plans for primary and community care and is making steady progress towards implementing the key elements of the national vision. While performance levels are above average for many indicators, growing workforce pressures are challenging the sustainability of core GP services in some areas.** Exhibit 2 sets out our key findings in more detail.

Exhibit 2: our main findings

Table detailing our main findings.

Our main findings
Strategic planning: The Health Board has comprehensive primary care plans that align with the national vision. The plans are informed by Neighbourhood Care Network plans but these networks are not yet fully mature. • The Health Board is collaborating with partners and has built on strong planning foundations to incorporate the key elements of the national vision within its primary care plans. • All Neighbourhood Care Networks (NCNs) have plans that support the Health Board's vision and network leads are generally satisfied with the Health Board's support, although the networks are not yet fully mature.
Investment: The Health Board has some clear examples of resources shifting closer to home and aims to increase investment in primary care but the available data make it difficult to accurately calculate the overall investment in primary care. • The Health Board's annual accounts suggest a real terms decrease in investment in primary care but the format of the accounts makes it difficult to say with any certainty. • The Health Board can point to specific examples of shifting resources towards primary and community care and is strengthening the way it monitors and evidences such shifts. • The Health Board routinely monitors NCN spending but not all NCN leads agreed they have sufficient financial autonomy. • The Health Board does not yet have a primary care estates strategy but is using a prioritisation process to guide investment in primary care buildings.
Workforce: Workforce challenges threaten the sustainability of some practices. The Health Board has assessed these challenges and is in the early stages of testing solutions. • The Health Board has mapped its current workforce and is facing challenges including increasing list sizes, an ageing workforce and a shortfall in GPs. • There are growing challenges to the sustainability of GP practices and the Health Board is having to directly manage an increasing number of practices for extended periods. • The Health Board is in the early stages of implementing the national vision of multi-professional primary care teams.

Our main findings
Oversight: The Health Board has strong leadership arrangements but current performance indicators do not allow oversight of all areas of primary care and there is scope for more Board-level focus on primary care
• The Chief Executive and Vice Chair are strong advocates for primary care transformation although there is scope to for more Board time to be focused on primary care.   • Monitoring of primary care performance at Board and committees is hampered by a lack of data on some key areas of primary care.   • GPs provide leadership of most of the NCNs and the leads gave positive views about the Health Board's support.
Performance: The Health Board is making steady progress in delivering its plans and performance compares well with the rest of Wales but a number of difficult challenges remain
• Many aspects of the Health Board's primary care performance are better than the Welsh average although they are not all on target.   • The Health Board is making steady progress delivering its plans for primary and community care but a number of difficult challenges remain.

Recommendations

14   As a result of this work, we have made a number of recommendations which are set out in Exhibit 3.

Exhibit 3: recommendations

Table outlining our recommendations to the Health Board.

Recommendations
Investment in primary care

R1   While the Health Board recognises that it needs to shift resources from secondary to primary and community settings, it cannot demonstrate that this shift is happening. The Health Board should:
   a. Calculate a baseline position for its current investment and resource use in primary and community care.
   b. Review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care.

Oversight of primary care
R2   We found scope to raise the profile of primary care in the Health Board, particularly at Board and committee level. The Health Board should develop an action plan for raising the profile of primary care in the Health Board. Actions could include ensuring a standing item on Board agendas regarding primary care, and publishing an annual report on primary care.

Recommendations

R3   We found scope to improve the way in which primary care performance is monitored and reported at Board and committee level. The Health Board should:
 	
    a.   Review the contents of its Board and committee performance reports to ensure sufficient attention is paid to primary care.
    b.   Review the frequency with which Board and committees receive performance reports regarding primary care.
    c.   Review the way it currently reports to Board and committees on its progress in delivering its plans for primary care, and importantly, how it is reporting on improved outcomes for patients in primary care.

New ways of working

R4   Whilst the Health Board is taking steps towards implementing some new ways of working, more progress is required to evaluate the effectiveness of these new models and to mainstream their funding. The Health Board should:
 	
    a.   Work with the NCNs to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models.
    b.   Centrally collate evaluations of new ways of working and share the learning by publicising the key messages across all NCNs.
    c.   Subject to positive evaluation, begin to fund these new models from mainstream funding, rather than from the Primary Care Development Fund.
    d.   Work with the public to promote successful new ways of working, particularly new alternative first points of contact in primary care that have the potential to reduce demand for GP appointments.

Neighbourhood Care Networks (NCNs)

R5   We found variation in the maturity of the NCNs, and scope to improve leadership. The Health Board should:
 	
    a.   Review the relative maturity of the NCNs, to develop and implement a plan to strengthen its support where necessary.
    b.   Review the membership of the NCNs and attendance at NCN meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups.
    c.   Clarify and publicise the governance and leadership arrangements for NCNs, to ensure better understanding of the responsibilities for decision-making.
    d.   Ensure all NCN leads attend the Confident Primary Care Leaders course.
    e.   Consider introducing a locum NCN lead post, to work across all NCNs providing additional capacity and backfill for leads. The post could also be valuable in sharing learning across NCNs.

Detailed report

Strategic planning: The Health Board has comprehensive primary care plans that align with the national vision. The plans are informed by Neighbourhood Care Network plans but these networks are not yet fully mature

The Health Board is collaborating with partners and has built on strong planning foundations to incorporate the key elements of the national vision within its primary care plans

Primary care transformation is a prominent aspect of the Health Board's overall strategy and planning intentions

15   The Health Board's overall strategic direction is set out in the Clinical Futures Programme, which has been running since 2004. This programme promotes services in or closer to the home, along with high quality hospital services. The programme is built around 12 Neighbourhood Care Networks (NCNs)[9].

16   While the Health Board has had a primary care strategy for many years, the national primary care plan became the focus of the Health Board's strategy in the integrated medium term plan (IMTP) starting in 2015-16[10]. That IMTP acknowledged that the focus had historically been on secondary care and aims to move resources towards primary care.

17   The 2015-16 IMTP contained a number of service change plans (SCPs) related to primary care. The SCP 3 - Primary Care Services (Independent Contractors) set out a vision for general practice, optometry practices, general dental practices and community pharmacies. The SCP was based on the five principles from the national plan and clearly articulated the need for sustainable general medical services, to address UK-wide challenges relating to increasing workload, managing patients with more complex conditions and recruitment and retention issues. The plan also set out the need for a sustainable estate, and improved use of information and technology. Other developments affecting primary and community care were set out in a number of other SCPs related to reducing health inequalities, bringing care closer to home and managing chronic conditions.

18   The Health Board is working with the five local authorities as part of the Greater Gwent Health, Social Care & Wellbeing Partnership (the Regional Partnership

[9] Aneurin Bevan Health Board, Neighbourhood Care Network Strategic Plan 2013 – 2018.
[10] Aneurin Bevan University Health Board. 2015/16 – 2017/18 Integrated Medium Term Plan Technical Plan. March 2015.

Board). The Regional Partnership Board finalised the Care Closer to Home Strategy in 2017[11], which represents level 1 of the Health Board's Clinical Futures Strategy. This strategy responds to the findings of the Parliamentary Review into Health and Social Care although at the time of our audit work, the strategy had not yet been approved by the Board.

19   The Health Board's IMTP for 2018-19 onwards[12] sets out updated plans for primary care under SCP 2 – Delivering an Integrated System of Health, Care and Wellbeing. The plan states that NCNs are continuing to mature and play a key role in the development of future models of integrated health, care and well-being services.

20   The primary and community care divisional plan for 2018-19 onwards[13] articulates in detail how the Health Board will address the challenges of an ageing population, health inequalities and workforce deficits. The intention is to re-model services over five years to reduce unnecessary complexity and deliver a more integrated, inter-professional way of working across health, social care and the third sector. The plan also states that new model of service provision will require the development of 'hubs', both physical and virtual, at key locations in each borough. While the locations are not yet agreed, these health and well-being hubs will provide a wide range of integrated services relevant for the local population.

The Health Board's primary and community care divisional plan aligns well with most of the key aspects of the national primary care plan

21   We reviewed the divisional plan to assess whether it contained key elements of the national primary care plan and Transformational Model. We found that the plan was well developed in the majority of areas, although there were a small number of areas where further development is required. Strong areas of the plan include:

- Integration with other relevant Health Board strategies;
- Plans to shift resources from hospitals to community settings;
- Workforce plans for primary and community care;
- The use of clinical triage systems and multi-professional teams;
- The role of primary care support units in sustaining GP practices; and
- Arrangements for leadership of transformation.

22   The areas of the plan that require further development are set out in Exhibit 4.

[11] Greater Gwent Health, Social Care and Well-being Partnership Board. Care Closer to Home: Gwent Health and Wellbeing strategy. 2017.

[12] Aneurin Bevan University Health Board. Integrated Medium Term Plan 2018/19 – 2020/21. March 2018.

[13] Aneurin Bevan University Health Board, Primary Care & Community Services Division. IMTP Divisional Plan 2018/19 – 2020/21. February 2018.

Area of plan	Division's progress to date	Further development needed
An estate strategy based on evidence of service needs.	The Division has an estates group, which is taking forward development of an estates strategy across all primary and community estates.	Estates strategy required to ensure future capital investment is appropriated targeted.
How modern technology will be used effectively.	The Division's IT group will take forward work to improve the use of IT in GP practices.	Innovative of technology can provide solutions to challenges facing primary care such as triage.
Evaluation of how improved primary care will be measured and reported, including tracking the shift of resources.	The Division is mapping existing spend across primary and secondary care and benchmarking it with other Health Boards. It has produced a framework and created a group of Divisional Directors to take forward this work. The Division also has plans to report on the impact of new extended roles.	Evaluation is important in order to determine where investment has worked or not worked. Some projects have been evaluated but not reported in a consistent way.
Evaluation of the impact of any primary care service changes.	The evaluations that have been completed so far are of individual projects so do not show the impact on patients of changes across primary care.	Going beyond the evaluation of individual developments, the impact of changes to primary care on patients should be evaluated.

Source: Wales Audit Office review of the Health Board's Primary Care and Community Services Division, IMTP Divisional Plan 2018-19 – 2020-21

The Health Board can provide examples of good engagement and collaboration with stakeholders in developing its primary care plans

23   It is important for health boards to collaborate with stakeholders in developing their plans. The Health Board consulted formally on Clinical Futures in 2014. This was followed by a series of listening events and an engagement strategy in 2015[14]. The Health Board then carried out extensive engagement on Clinical Futures and co-produced the Care Closer to Home strategy with the public and third sector.

24   Other positive examples of engagement and collaboration on primary care include:

[14] Aneurin Bevan University Health Board. Engagement Strategy. Board, 28 January 2015.

- Talk Health events and locality fora in each of the five boroughs;[15]
- Engagement with local politicians about transforming primary care;
- Various engagement activities described in NCN plans; and
- Specific engagement activities with the public when potential closures and changes to local primary care services are proposed.

25   The Community Health Council representative told us that they have regular discussions with the Director of Primary and Community Care where the Community Health Council is informed of primary care strategies and developments that the Health Board plans to introduce and are then able to offer suggestions into the strategy going forward.

26   The Health Board can demonstrate some examples of positive engagement with primary care professionals, including:

- workshops with NCN leads to determine key priorities for the IMTP;
- positive relationships with the Gwent Local Medical Committee (LMC) although the LMC representative expressed some frustration that ideas from LMC members are not always taken forward; and
- successful delivery of service changes through collaboration with the South East Wales Regional Optometric Committee.

All Neighbourhood Care Networks have plans that support the Health Board's vision and network leads are generally satisfied with the Health Board's support, although the networks are not yet fully mature

27   We looked at the way that the Health Board provides support to NCNs in developing local needs assessments and NCN plans. Our NCN lead survey found:

- all seven respondents agreed that they had received helpful guidance from the Health Board when it was developing its cluster plan;
- all seven respondents agreed that they had received support from the Health Board to develop a needs analysis of their local population; and
- six respondents agreed that "the Health Board listens to my cluster when it is developing Health Board-level priorities for primary care".

28   Exhibit 5 shows the views of NCN and cluster leads on the level of maturity within their NCN or cluster. At the Health Board, six respondents said their NCN was 'stable and starting to deliver' and one respondent said their NCN was 'developmental'. Aneurin Bevan is the only health board where no leads rated their cluster as mature.

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[15] Aneurin Bevan University Health Board Engages. Board, 27 September 2017.

Exhibit 5: cluster and NCN leads' views on the level of their organisation's development

The table provides the number of clusters at each of three levels of maturity.

	1 = Developmental	2 = Stable and starting to deliver	3 = Mature
Abertawe Bro Morgannwg	1	4	2
Aneurin Bevan	1	6	0
Betsi Cadwaladr	2	5	1
Cwm Taf	0	5	2
Cardiff and Vale	1	5	2
Hywel Dda	0	4	1
Powys	1	1	1
Wales	6	30	9

Note:
1 = Developmental: still at early stages of development with significant support required; not all cluster members fully engaged.
2 = Stable and starting to deliver: Starting to deliver some benefits but still early days, ongoing support required and full potential yet to be reached.
3 = Mature: all cluster members fully engaged; delivering across a number of areas in line with the cluster plan.
Source: Wales Audit Office survey of cluster leads, April 2018

29   The Division provides support to the NCNs through dedicated teams of staff. There are partnership managers, network managers and support officers at NCN level and teams of staff to support each of the professional contracts.

30   The NCN support teams help to interpret national guidance and draw together themes from the Practice Development Plans submitted by individual GP practices. Support teams also oversee NCN expenditure, co-ordinate NCN forums, represent the NCN at meetings and help to implement projects on behalf of the NCNs. NCN members are also encouraged to take part in training provided by the Health Board, including the 1000 Lives Wales Improving Quality Together (IQT) at silver level.

31   Division staff told us that the Health Board's initial light touch approach to supporting NCNs had resulted in too much variation between NCNs in their ability to plan and deliver transformational change. Staff also told us that whilst all NCNs were becoming stronger organisations, there was more work required to ensure all NCNs are able to plan and deliver service change.

Investment: The Health Board has some clear examples of resources shifting closer to home and aims to increase investment in primary care but the available data make it difficult to accurately calculate the overall investment in primary care

The Health Board's annual accounts suggest a real terms decrease in investment in primary care but the format of the accounts makes it difficult to say with any certainty

32   Exhibit 6 is based on data from the Health Board's annual accounts and sets out the long-term expenditure on primary care. The total includes spending on General Medical Services (GMS), Pharmaceutical Services, General Dental Services (GDS), General Ophthalmic Services (GOS) and 'Other Primary Health Care' expenditure[16]. The exhibit shows that the Health Board spent £158.9 million on these primary care services in 2016-17, up from £146.9 million in 2010-11.

Exhibit 6: the Health Board's spending on primary care services
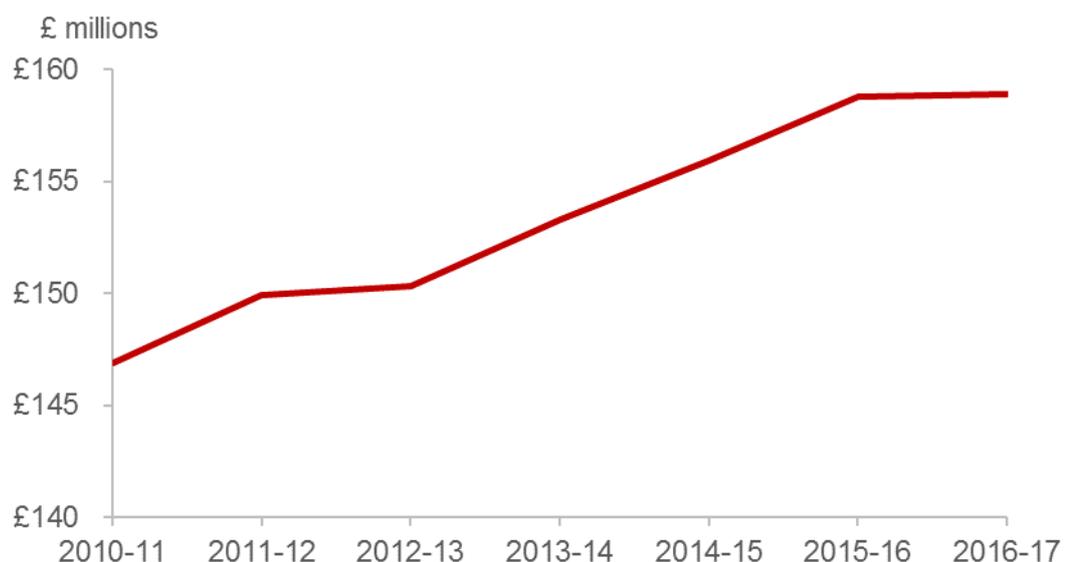
Note: The y-axis does not begin at zero. We have excluded expenditure on 'Prescribed drugs and appliances' due to variable nature of this expenditure,

[16] Excludes spending of £95 million on 'Prescribed drugs and appliances'.

partly as a result of drug price fluctuations. 'Other Primary Health Care' is a gather-all category in the accounts, used to record spending on numerous primary care items that do not fit into the other categories.
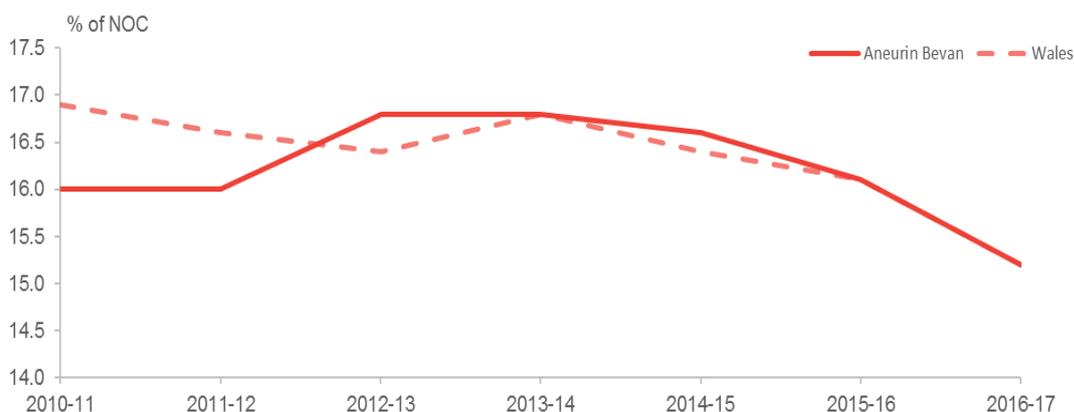
Source: LHBs' Annual Accounts

33   The trend in Exhibit 6 shows a steady increase in spending from 2010-11 to 2016-17. The Division explained that over this period, expenditure increased in dental, optometry and 'Other' primary care. However, there was a reduction in GMS expenditure between 2015-16 and 2016-17 because a review by the Valuation Office Agency reassessed the business rates due for GP practices based on a lower valuation over a number of years. This resulted in a reduced budget allocation for GMS in 2016-17.

34   After taking into account the effect of inflation, the Health Board's overall spending on primary care decreased by 1% in real terms between 2010-11 and 2016-17, which is not enough to keep pace with inflation.

35   Across Wales we found issues with the way that primary care expenditure is recorded in the accounts. Spending is not consistently categorised by health boards and the figures recorded in the accounts often do not represent the totality of primary care expenditure. The Health Board told us that they receive additional funding for primary care from the Welsh Government, which is not included in the above figures. In 2016-17, the Health Board received an additional £8.4 million which it allocated in the following ways:

- £4.4 million for 12 projects to transform services across primary, community services and mental health (eg primary care support team, anticoagulation service transformation, Living Well, Living Longer);

- £1.88 million for the NCNs to develop new activities based on their own plans;

- £1.236 million for the pathfinder and pacesetter projects (A is for Access, wet AMD, OTDC/glaucoma, cardiovascular inverse care law);

- £0.67 million to support the primary care workforce (eg. development of pharmaceutical support in care homes, primary care nurse led childhood immunisation team); and

- £0.225 million for other projects (e.g. development of occupational health services for GPs).

The Health Board can point to specific examples of shifting resources towards primary and community care and is strengthening the way it monitors and evidences such shifts

36   For many years, the NHS in Wales has planned to shift resources towards primary care, to reverse the 'relative under-development of primary care'[17]. However, issues with the format of NHS accounts makes it difficult to say whether health boards have secured such shifts.

37   Exhibit 7 shows the Health Board's expenditure on primary care as a percentage of its total expenditure. The figures exclude expenditure on prescribed drugs and appliances. The exhibit shows that despite national priorities for shifting resources towards primary care, across Wales as a whole, primary care spending has not kept pace with health boards' total spending. The trend for the Health Board is similar to that of Wales with a peak in 2013-14 followed by year on year reductions.

Exhibit 7: the Health Board's expenditure on primary care as a percentage of its total expenditure (Net Operating Cost, 2010-11 to 2016-17)

Note: The y-axis does not begin at zero.

Source: LHBs' Annual Accounts

38   We asked whether health boards are taking specific actions to achieve a shift in resources towards primary care. We found that none of the health boards has set targets for moving resources towards primary care and none of the health boards has quantified the total amount of resource moved towards primary care since the inception of the national primary care plan in 2014.

39   The Health Board understands that it needs to be able to provide evidence of money and services shifting from secondary to primary care. To achieve this, the

[17] Welsh Government. Improving Health in Wales: The Future of Primary Care. July 2001.

Health Board has recently developed a framework to support the shift of services from secondary to primary care settings, based on developing a clear business case for each service that they want to change[18].

40   The bullet points below show some specific examples from the Health Board where services and resources have shifted from hospitals towards primary and community care:

- Ophthalmic Diagnostic Treatment Centres: Due to long waiting lists for hospital based ophthalmology services, the Health Board has developed assessment and treatment services for wet age-related macular degeneration (wet AMD) and glaucoma in high street opticians in each borough. The Welsh Government provided pathfinder funding of £240,000 for three years. In 2018-19 annual funding of £161,000 will come from the Health Board's secondary care budget.

- Primary Care Anticoagulation Service: the Welsh Government provided funding of £763,500 a year to pump-prime the transfer of INR testing[19] from hospital to primary care. Uptake of INR testing in primary care practices has been good and performance measures already show a reduction in tests in hospital and fewer emergency admissions for complications. It is also more convenient for patients. At the time of the audit, the Health Board was investigating how to fund this service in the longer term.

41   The Health Board has plans to shift a range of other services to primary care including extended skin surgery, specialist orthodontics services and support for chronic conditions such as diabetes and chronic obstructive pulmonary disease.

The Health Board routinely monitors NCN spending but not all NCN leads agreed they have sufficient financial autonomy

42   Health boards need to strike the right balance of giving autonomy to clusters whilst at the same time overseeing their spending. The Health Board's approach to overseeing NCN spending is to produce monthly monitoring data on each NCN's financial position. The Health Board holds regular discussions with the NCNs regarding how much of their allocation is still available to spend, and what their plans are for spending the money. The overall financial position is reported at NCN Clinical Leads meetings.

[18] Aneurin Bevan University Health Board, Division of Primary and Community Care. Improving value through allocative and technical efficiency financial framework to support secondary acute services shift to community/primary service delivery.

[19] Anticoagulant medicines, such as warfarin, are often prescribed for people who've had a condition caused by a blood clot, such as a stroke. The international normalised ratio (INR) is a measure of how long it takes blood to clot and is used to determine the required dose of warfarin [NHS Choices].

43   In our survey of NCN leads, we found that all seven respondents agreed that the Health Board effectively monitors the NCNs' expenditure. All seven respondents to our survey agreed that "the cluster spends all the funding it receives" and six out of seven respondents agreed that the "cluster is able to spend its funding quickly once it has decided how to allocate its funding". Only three respondents agreed that "the health board gives my cluster sufficient financial autonomy". The other four respondents said they 'neither agreed nor disagreed' with this statement.

The Health Board does not yet have a primary care estates strategy but is using a prioritisation process to guide investment in primary care buildings

44   The Health Board's IMTP in 2015-16 recognises that many primary care buildings are not fit for purpose and do not support extending the range of services envisaged in its plans for primary care. While the Health Board does not have a primary care estates strategy, it takes a considered approach to investing in primary care premises. Each year it undertakes a prioritisation process to identify which schemes it wants to progress through Welsh Government funding.

45   The Health Board opened a new primary care centre in Brynmawr in June 2018 and plans to open another centre in Llanbradach in spring 2019. These developments involve third party developers and are funded by Health Board revenue monies. In 2017, the Welsh Government announced support to develop health and wellbeing centres with a capital value of around £68 million across Wales[20]. The development of centres at Tredegar and Newport were part of this announcement.

46   Health Board also provides around £300,000 a year in improvement grants to support primary care infrastructure[21]. These grants support compliance with the Equality Act 2010, increased clinical space and better infection control. The Health Board's expectation is that estates planning will move to the NCNs at borough level supported by the Health Board's planning team.

47   The NHS Wales Informatics Service leads on most primary care IT developments but the Health Board provided funding of £320,000 in 2016-17 for equipment such as receptionist headsets and computer screens.

48   Some NCN plans include IT developments including the roll out of My Health Online for booking appointments and repeat prescriptions, and mobile devices for

[20] Welsh Government. Plans for 19 new health and care centres across Wales announced by Vaughan Gething. 6 December 2017.
[21] The National Health Service (General Medical Services - Premises Costs) (Wales) Directions 2015 (2015 No.9)

district nurses. In addition, some GP practices in Gwent are piloting Skype for consultations[22].

Workforce: Workforce challenges threaten the sustainability of some practices. The Health Board has assessed these challenges and is in the early stages of testing solutions

The Health Board has mapped its current workforce and is facing challenges including increasing list sizes, an ageing workforce and a shortfall in GPs

49   The Health Board has a slightly higher number of GPs per 10,000 population (6.44) than average in Wales (6.19) (Exhibit 8). However, the number of GP partnerships has reduced from 88 in September 2014 to 78 at the time of our audit, and the percentage of partnerships with just one partner (13%) is slightly higher than the Wales average (11%).

Exhibit 8: number of GPs per 10,000 population
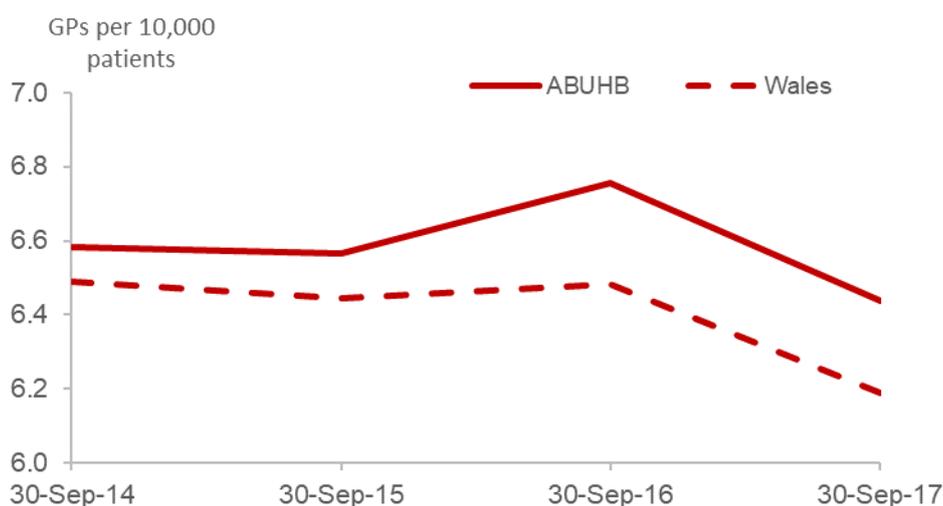
[22] www.publictechnology.net/articles/features/how-skype-ending-isolation-nhs-staff-wales

50   As shown in Exhibit 9, the average list size per GP in the Health Board has
        increased although it is lower than the Wales average.

Exhibit 9: average list size per GP
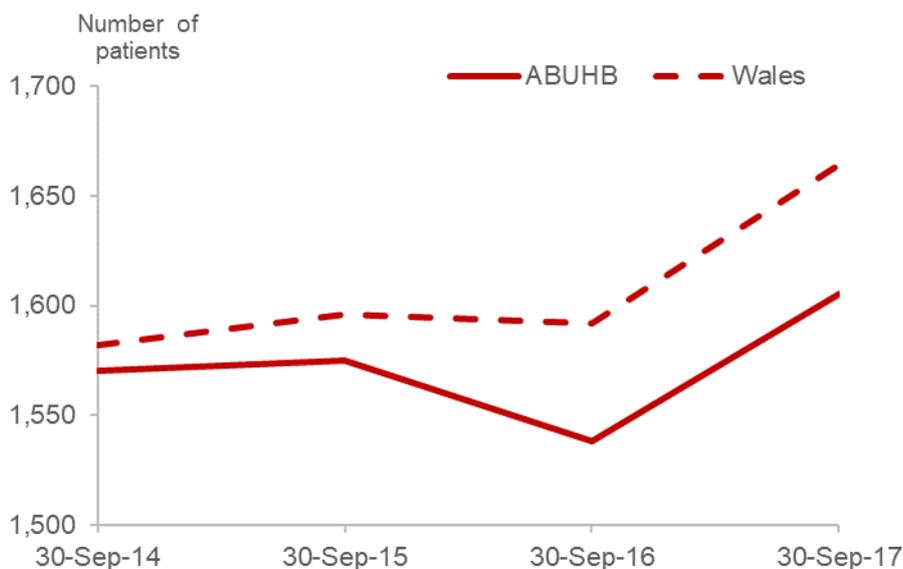
Source: Welsh Government, September 2017

51   Exhibit 10 shows that the proportion of GPs that are female is higher in the Health
        Board than the Wales average, while the proportion of GPs aged over 55 is similar
        to the Wales average.

Exhibit 10: demographics of GPs by age and gender

	Aneurin Bevan University Health Board	Wales
• Aged over 55	22%	23%
• Female	58%	54%

Source: Welsh Government, 30 September 2017

52   The number of dentists and optometrists offering NHS care is increasing. The
        Health Board had 309 General Dental Services contractors in 2017, up from 285 in
        2014. Optometrist numbers also increased, from 149 in 2014 to 159 in 2017.

53   The national primary care plan requires health boards to map its workforce. The Health Board has a Primary Care Workforce Group which reviews the workforce data, develops recruitment plans and considers alternative roles/models. They have analysed the age, gender and employment status of the workforce at each GMS practice, including GPs and all non-medical clinical staff employed directly by the practices or NCNs.

54   The Health Board has also reviewed the age profile of primary and community staff directly employed across the Division. Nearly 40% of the Division's workforce are aged over 50, and a further 20% are aged over 55.

55   The Division has compared its models of care with those across the rest of the UK to assess opportunities to adjust the skill mix. Using this intelligence, the Health Board conducted modelling to predict the numbers of GPs and other extended roles needed in Gwent to sustain services in future. This model shows the Health Board has a shortfall of 35 substantive GPs when compared to its chosen benchmark of 1 full time equivalent GP per 1,800 population. The following section comments on the Health Board's approach to creating a more stable and sustainable primary care workforce.

There are growing challenges to the sustainability of GP practices and the Health Board is having to directly manage an increasing number of practices for extended periods

56   The Health Board reports that over the last year or so it is experiencing increasing numbers of GP partners retiring, which is threatening the sustainability of practices. In November 2017, the Division produced a thorough report on general practice sustainability. The report stated that the challenges to sustainability in the past five years are greater than those in the preceding 65 years. The report contains 32 recommendations to support the design and delivery of modern and resilient services to meet population need in the short, medium and long term. They have a detailed action plan and have established a primary care sustainability board to oversee the implementation of the recommendations.

57   To identify practices at risk of closure, the Division is using the revised GP sustainability framework[23] at all practices in Gwent. The Division identified 14 practices at high risk, 22 at medium risk and 43 at low risk. The areas with the highest numbers of practices at risk are in Blaenau Gwent and Caerphilly North. The Division is working closely with GPs to design solutions for a targeted programme of support for high and medium risk practices.

58   Many health boards have developed Primary Care Support Units (although the names of these vary across Wales) to support GP practices. The Health Board has a Primary Care Operational Support Team (PCOST). PCOST staff work alongside

[23] Welsh Government. Revised GP Sustainability Assessment Framework: 2017/18. 21 April 2017.

practice staff in a range of clinical and managerial roles. The Health Board has successfully recruited clinical leads to the PCOST but the LMC has expressed concern that the successful applicants were recruited from the existing pool of GPs, which affects the sustainability of the practices in which they had been working.

59   The Health Board is directly managing four practices. Practices have been handed over to the Health Board because GP partners have retired and the Health Board has not been able to find replacements to take over the GMS contract. Factors contributing to these retirements include high numbers of patients with complex conditions placing a greater demand on clinical time, and the poor condition of practice premises.

60   Sometimes practices are handed back to the Health Board with as little as three months' notice. In the past, directly managing a practice was a temporary measure and the Health Board only had one at a time, but increasingly it is proving difficult to return managed practices to a GMS contract holder despite advertising widely and providing new premises. One practice has now been directly managed by the Health Board for three years.

61   GP partners are increasingly choosing to merge practices as they recognise the limitations of small practices. The Health Board has also closed seven branch surgeries in recent years because of difficulties in providing enough staff to cover these branches.

62   The Health Board received funding from Welsh Government of just over a £1 million in 2016-17 and 2017-18 to run the PCOST. Expenditure on managed practices has also increased. The Division estimates that the cost of a managed practice is £200,000 a year more than through GMS because managed practices are reliant on higher-cost locums.

63   The Division is aware of the risks of moving additional services to already stretched GP practices.

The Health Board is in the early stages of implementing the national vision of multi-professional primary care teams

64   The national plan says that in future, the role of GPs will be to provide overarching leadership of multi-professional teams. These teams would include pharmacists, therapists, optometrists, paramedics, advanced practice nurses and others. The national workforce plan says that health boards must find opportunities for these professionals to improve access by providing the first point of contact for patients.

65   The Division's IMTP sets out three models that it is exploring for new ways of working in primary and community care:

- primary care model: this model assumes that if a practice is short by one GP, then an advanced nurse could do 50% of a GP's work, a pharmacist could do 25% and other professionals could do the remaining 25%.

- graduated care model: the Health Board is closing community beds on two wards and GPs could lead the replacement services. The Buurtzorg principles[24] will be applied to a community nursing pilot to inform a new model of community nursing.

- integrated model: to deliver the Care Closer to Home strategy, the Division is developing its five year plan to provide primary and community services via the NCNs through its existing workforce working at the top of their skills and employing additional staff from a wide range of disciplines in new roles.

66   The main area of activity funded by the NCNs has been the appointment of 16.60 whole time equivalent practice based pharmacists over the past two years. Some practices have also employed their own pharmacists. The initial findings of a Health Board evaluation of practice-based pharmacists are that when compared to GPs, pharmacists can spend twice as long with patients, but the cost is lower and the quality of the medicines review is better.

67   The bullet points below describe other new roles introduced in NCNs:

- social prescribing in Torfaen is jointly funded by NCNs and the local authority. The social prescriber enables patients to access information about local legal and benefits services. A survey of primary care practitioners found that most respondents said social prescribers had reduced demand for, and resulted in more appropriate use of, primary care consultations[25].

- eleven practice-based social workers were appointed by NCNs in Caerphilly, funded through the Integrated Care Fund, social services and other sources. The NCNs have assessed these social workers as working well within the practice multi-disciplinary teams and agreed to maintain funding for 2017-18. However, the Health Board has withdrawn its funding due to the high cost. The NCN leads told us they were unhappy about this as they rated the social workers as a success.

68   The Health Board is also recruiting two physician associates to work in primary care. While NHS Wales has a governance framework for employing physician associates, they are not yet fully regulated by an organisation like the General Medical Council. It is important to provide good supervision and ongoing evaluation of their impact.[26]

[24] The Buurtzorg model of district nursing started in the Netherlands and has taken off around the world. Each Buurtzorg nursing team stands alone, is self-determining and made up of entirely registered nurses Each nurse works to design and implement the most appropriate and effective care plan based on an individual's needs.

[25] Social Prescribing in Torfaen: A Partnership between North & South Torfaen Neighbourhood Care Networks (NCN's), Our Learning so Far: October 2015-March 2017. www.primarycareone.wales.nhs.uk/sitesplus/documents/1191/Social%20Prescribing%20in%20Torfaen%20Oct%2015%20-%20Mar%2017.pdf

[26] www.gpone.wales.nhs.uk/opendoc/293958

69   The Transformational Model highlights the importance of enhanced multi-disciplinary teams providing a shared resource for all practices in a cluster. To implement this model, the Health Board is recruiting occupational therapists, advanced nurse practitioners and advanced paramedics. However, there are complications because of competing recruitment from organisations like the Welsh Ambulance Services NHS Trust.

70   The Health Board is planning to use one managed practice in Brynmawr, Blaenau Gwent East to test out the Transformational Model and has asked the Welsh Government for funding to pursue this. The Blaen y Cwm practice moved to new premises in June 2018. The new resource centre will provide services including General Medical Services, Community Dental Services, District Nursing, Reproductive and Sexual Health, Mental Health Services, Diabetic Retinopathy Screening and Pharmacy.

71   The Transformational Model highlights the need for shared systems of triage for members of the primary care team. The Health Board is currently trialling electronic triage systems in some practices. However, as GP practices do not currently report to the Health Board on which practitioners see the patients, the Health Board expressed concerns that it is difficult to assess how well triage is working in practice.

72   The Community Health Council representative stated that the new multi-professional primary care team model (known as the Prestatyn model) is having a positive impact on the current GP sustainability issues. The Community Health Council would like to see this model delivered further within primary care but stated that it is imperative that patients understand why they are being asked to see a different primary care professional instead of their GP. It is important that the Health Board ensures that the public understand this approach and raises awareness to increase public support for these new ways of working.

73   The Health Board is taking every opportunity to address the challenges it is facing with GP recruitment and retention. It also recognises the benefits of providing improved access to a wide range of services in primary care. It is important that the Health Board ensures that the public understand this approach and raises awareness to increase public support for these new ways of working.

Oversight: The Health Board has strong leadership arrangements but current performance indicators do not allow oversight of all areas of primary care and there is scope for more Board-level focus on primary care

The Chief Executive and Vice Chair are strong advocates for primary care transformation although there is scope for more Board time to be focused time on primary care

74   To transform primary care, health boards need clear and effective arrangements for oversight and senior leadership. The vice chairs of health boards have a specific responsibility for championing primary care. The Vice Chair chairs the Public Partnerships and Wellbeing Committee and the Regional Partnership Board, which is the main driver for the development of the Care Closer to Home strategy, including primary care modernisation in Gwent. He attends all NCN lead meetings and locality meetings to reduce the gap between the Board and primary care practitioners. His term ended in June 2018 although he will continue for another year with the Health Board as a special advisor.

75   The Chief Executive has a strong grip on primary care and is the lead executive on the National Primary Care Board. The Health Board merged primary care and community services into one Division in 2018. There is a strong team in the Division and support for the Transformational Model from the Chief Operating Officer, Divisional Director of Primary Care and Community Services, Head of Primary Care, Director of Public Health and Assistant Medical Director. They are working closely with divisional business managers for HR, planning, performance and finance to support the NCNs and the implementation of their plans.

76   The Chief Operating Officer is the Health Board's Executive Lead for primary care, a role he does alongside community care, mental health and learning disabilities as well as leading on delivery of planned and unscheduled care. He also chairs the Primary Care and Network Development Board. While this is a broad portfolio it does provide clear leadership for the whole primary and community care transformation agenda.

77   The Assistant Medical Director engages regularly with primary care professionals. He line manages the NCN leads and monitors contracts with over 300 independent contractors. He recognises the importance of good relationship management in a complex environment.

78   However, only three out of seven respondents to our NCN lead survey agreed that the Health Board gives a sufficiently high priority to transforming primary care. Concerns were raised that despite the Health Board's clear determination to strengthen primary and community care there was more focus on developing the

specialist and critical care centre. There were also concerns that the pace of change is not sufficient to address primary care recruitment problems. In addition, the LMC was critical that primary care did not have a stronger voice at Board level. While it is clear that the Health Board is committed to transforming primary care it could do more to raise the profile of primary care at Board level.

Monitoring of primary care performance at Board and committees is hampered by a lack of data on some key areas of primary care

79   At Board level, the Executive Team Report provides updates on developments in primary and community care at each meeting. There are also Board papers on primary care practice developments and closures and on NCN plans and achievements. There is an increasing focus on primary care through reports on progress with implementing the strategic change plans and the development of the Care Closer to Home Strategy. However, the main focus of Board business is Clinical Futures and secondary care.

80   The Board and the Finance and Performance Committee review the Integrated Performance Report every month on progress against Welsh Government National Outcomes and Performance Framework. The measures related to primary care include childhood immunisation and flu vaccinations, smoking cessation, access to GP appointments, GP out-of-hours services, NHS primary dental care and prescribing indicators. However, the main focus of the framework is secondary care targets. Moreover, there are no primary care indicators reported in the high-level dashboard seen at Board. In May 2018, the Board recognised this shortcoming and agreed to redesign the Integrated Performance Report to increase the prominence of primary and community care services.

81   The Health Board's Public Partnerships and Wellbeing Committee's terms of reference were updated in 2017 to include a specific reference to primary care. While the committee's agendas focus on public health and the wider developments by the Regional Partnership Board and five Public Services Boards, over the last year there has been good, regular coverage of primary care through a range of reports including an annual report on primary care. However, there are no reports on performance of primary care services by GPs and other primary care staff nor how the NCNs are progressing with their projects. This lack of activity data is hampering their ability to plan and develop new services in primary care. In addition, the primary care annual report was not provided to the full Board, which missed the opportunity to share progress in transforming primary care more widely.

82   The Health Board produces more detailed reports on primary care performance at divisional level. Each month the Division reviews a balanced scorecard, which is aligned to the IMTP. The scorecard covers 60 indicators but most of these indicators relate to community services and few of them relate to primary care.

83   At the NCN level, each NCN receives a monthly performance report containing key indicators relating to their strategic aims of population health, access, planned care, urgent care and clinical governance. These reports provide a good range of indicators to support the implementation of actions for the NCNs but are not reported to any forum in the Health Board.

GPs provide leadership of most of the NCNs and the leads gave positive views about the Health Board's support

84   Exhibit 11 sets out the professional backgrounds of the cluster and NCN leads across Wales. In the Health Board, the NCN leads are mostly GPs. The three other professionals that lead NCNs are a nurse practitioner, a pharmacist, and a public health consultant.

Exhibit 11: professional background of the cluster and NCN leads

The table provides the numbers of cluster and NCN leads who are GPs and the number of cluster leads who are other professionals in each Health Board

Health Board	Number of clusters leads: GPs	Number of clusters leads: other professionals	Total number of clusters
Abertawe Bro Morgannwg	11	0	11
Aneurin Bevan	9	3	12
Betsi Cadwaladr	12	2	14
Cwm Taf	5	6	8
Cardiff and Vale	9	0	9
Hywel Dda	6	1	7
Powys	2	1	3
Wales	54	13	64

Note: While the total number of clusters is 64, the total number of cluster leads is 67 because Cwm Taf has both GP and other professional leads for its clusters.

Source: Wales Audit Office, Health Board self-assessment returns.

85   Public Health Wales' Primary and Community Care Development and Innovation Hub has developed a Confident Leaders Programme, which has been attended by 40 cluster and NCN leads who continue to learn from each other through a

community of practice. Our survey found that five NCN leads had attended the programme, with four agreeing it had helped them improve as an NCN lead.

86   All NCN leads that responded to our survey agreed that the Health Board provides them with effective support to undertake their role. However, only three respondents agreed with the statement 'I have enough time in my day to focus on cluster development'.

87   The Health Board recognises that local delivery of the Transformational Model is dependent on effective leadership, professional engagement, community involvement and a workforce committed to new ways of working. Further investment in leadership development in the NCNs will be critical to the delivery of their plans to transform primary care.

Performance: The Health Board is making steady progress in delivering its plans and performance compares well with the rest of Wales but a number of difficult challenges remain

Many aspects of the Health Board's primary care performance are better than the Welsh average although they are not all on target

88   In this section of the report we summarise the Health Board's performance against some of the Welsh Government's Outcome and Performance Measures, as described in the Health Board's monthly Integrated Performance Report.

89   Exhibit 12 [27] shows that the Health Board's childhood immunisation rate is higher than the Welsh average for two key vaccines. The Health Board is meeting the target for '5 in 1' vaccines at age 1, and is the third best performing health board. However, it is under target for the MMR vaccine.

[27] www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=54124

Exhibit 12: childhood immunisation rates for the quarter January to March 2018
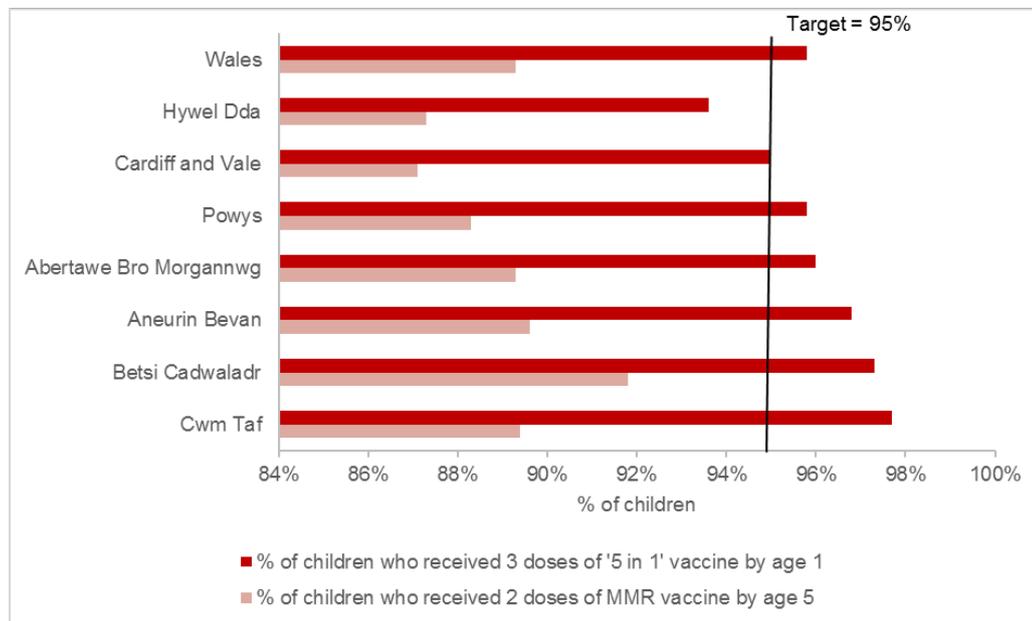
Note: '5 in 1' vaccine protects against diphtheria, tetanus, pertussis (whooping cough), polio and hib infection. MMR protects against measles, mumps and rubella infections. These results are for children living in the Health Board area in March 2018 and who reached their first and fifth birthdays during the quarter 1 January - 31 March 2018.

Source: Public Health Wales

90   For adults, flu vaccinations are recommended for people aged 65 and over, as well as people with other risk factors such as asthma. The target for both groups is for 75% of those populations to receive the vaccination each year. Exhibit 13 and Exhibit 14 show that the rates of flu vaccinations at the Health Board have fallen in recent years and have never met the target of 75% coverage[28].

28

www2.nphs.wales.nhs.uk:8080/CommunitySurveillanceDocs.nsf/($All)/AC9851271F3475FD80258160004CF724/$File/Seasonal%20influenza%20in%20Wales%20201617_v1a.pdf

Exhibit 13: trends in uptake of flu vaccination 2014/15 to 2017/18: Uptake in patients aged 65 years and older
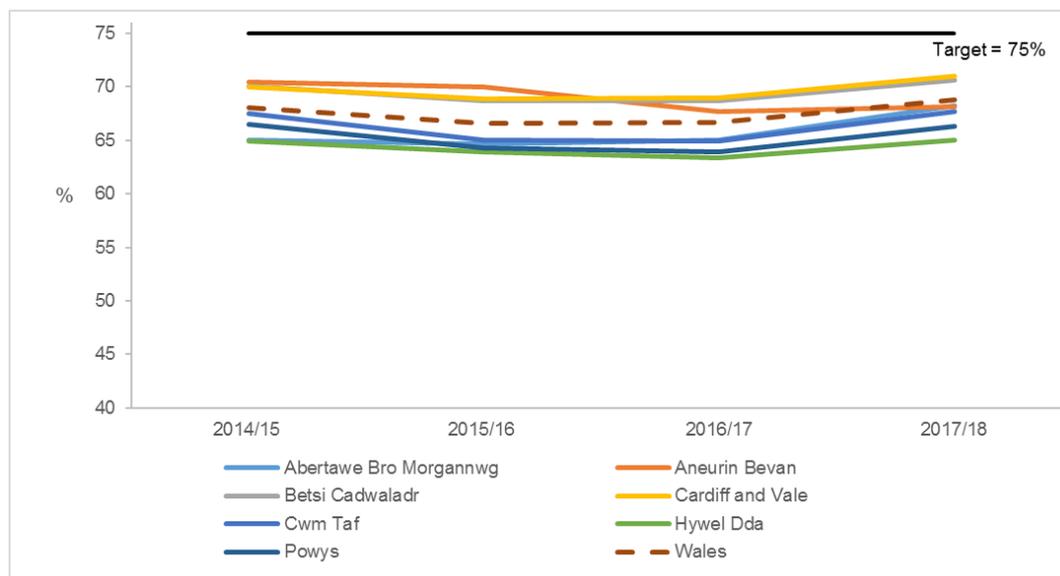
Source: Public Health Wales

Exhibit 14: trends in uptake of flu vaccination 2014/15 to 2017/18: Uptake in patients younger than 65 who are at risk
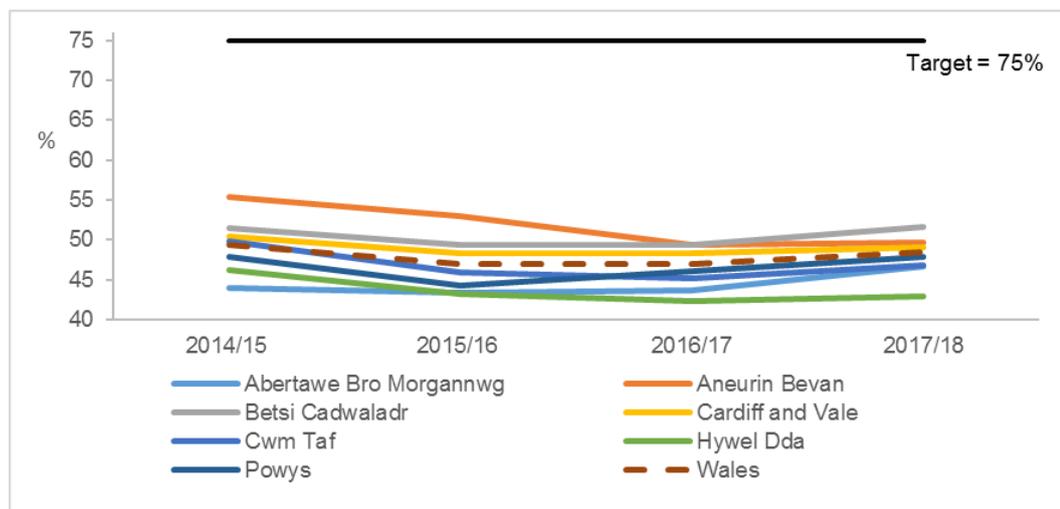
Source: Public Health Wales

91   In relation to access to GPs, the percentage of GP practices that remained open all day in 2017 was 84% (Exhibit 15). This is the highest in Wales and is the best performing health board in Wales and well above the all Wales average of 51%.

Exhibit 15: percentage of practices open for 100% or more of weekly total core hours, by Health Board, 2017
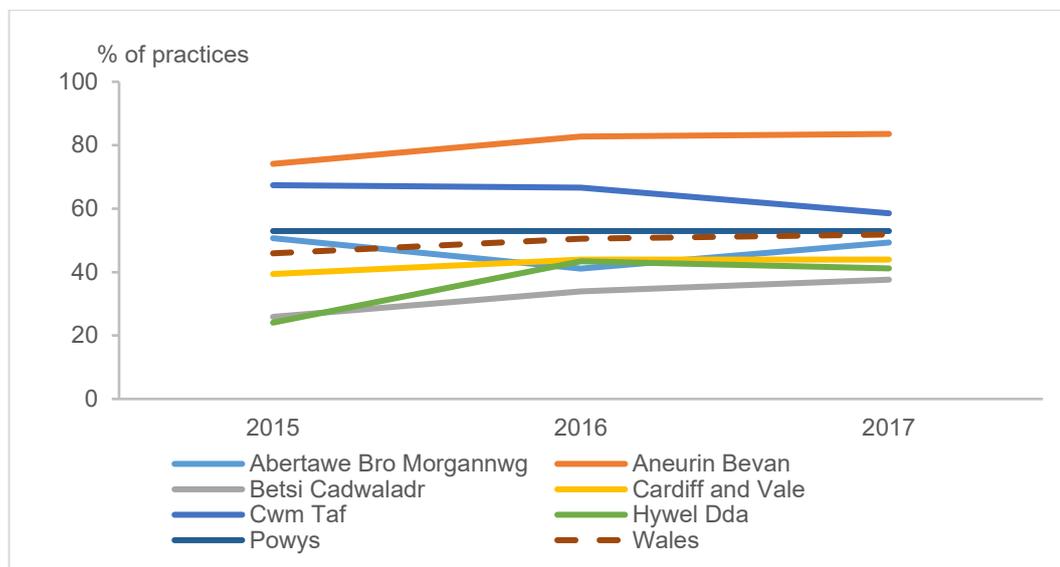
Note: Total weekly core hours equals 52 hours and 30 minutes.

Source: Welsh Government

92 Exhibit 16 shows that in all measures related to the provision of GP appointments at different times of the day, the Health Board performs better than the Wales average.

Exhibit 16: extended appointment times at GP practices, 2017

Source: Welsh Government

93   Exhibit 17 shows that in all measures related to the provision of GP appointments at different times of the day, the Health Board has the highest proportion of practices offering appointments between 18:00 and 18:30 and is one of only two areas where GPs offer appointments after 18:30.

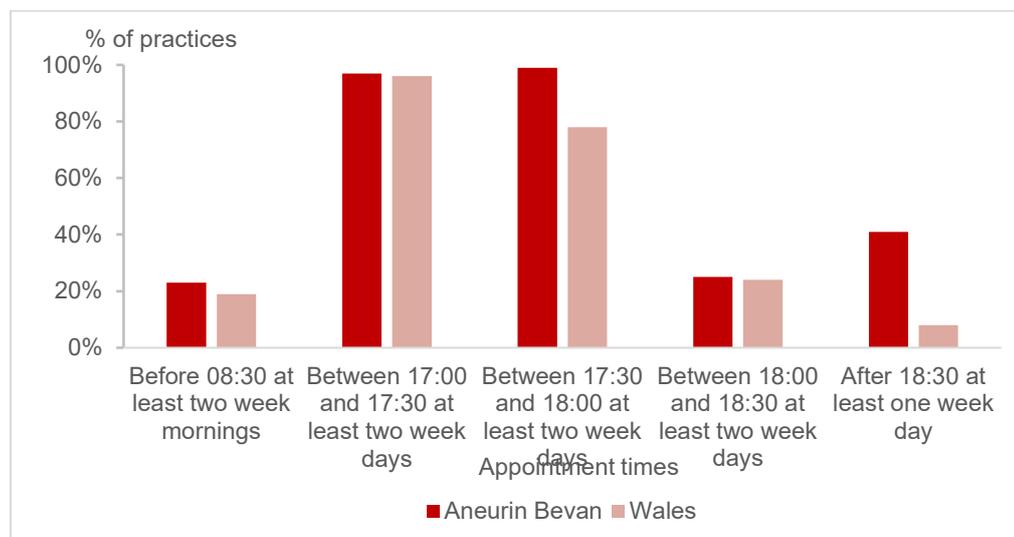Exhibit 17: extended appointment times at GP practices, 2017

Percentage of practices offering appointments.

Health Board	Before 08:30 at least 2 week mornings	Between 17:00 and 17:30 at least 2 week days	Between 17:30 and 18:00 at least 2 week days	Between 18:00 and 18:30 at least 2 week days	After 18:30 at least 1 day a week
Abertawe Bro Morgannwg	14%	93%	77%	22%	0%
Aneurin Bevan	23%	97%	99%	25%	41%
Betsi Cadwaladr	15%	94%	56%	11%	0%
Cardiff and Vale	23%	95%	74%	12%	0%
Cwm Taf	12%	100%	100%	66%	0%
Hywel Dda	31%	98%	80%	37%	10%
Powys	12%	100%	76%	18%	0%
Wales	19%	96%	78%	24%	8%

Source: Welsh Government

94   Welsh Government set a national prescribing indicator in 2017-18 for GPs to reduce the use of painkillers like ibuprofen, known as non-steroidal anti-inflammatory drugs (NSAIDs), to reduce the risk of complications. Exhibit 18 shows the Health Board reduced its prescribing in the previous 12 months by 12.1%. The Health Board's performance is similar to the Welsh average, which has decreased at a similar rate. This is a positive direction of travel towards a challenging target.

Exhibit 18: prescribing levels of NSAIDs in primary care, first quarter 2016-17 and 2017-18

Prescribing levels in average daily quantity per 1,000 STAR-PUs (specific therapeutic group age-sex prescribing units).
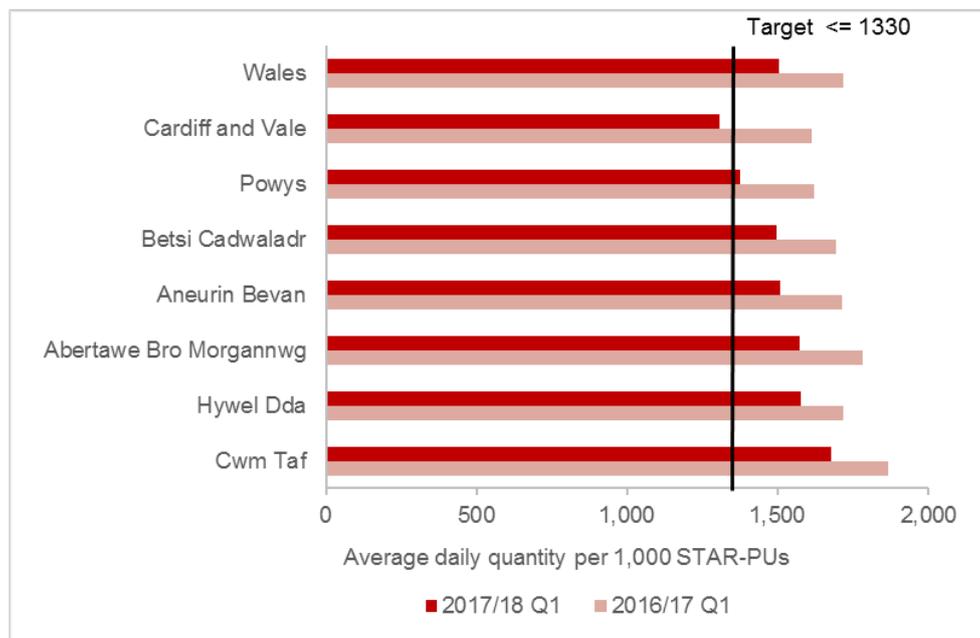
Target = <1,330

Source: Welsh Analytical Prescribing Support Unit

95   Exhibit 19 shows the percentage of population regularly accessing NHS primary dental care in the previous 24 months as at 30 September 2017. The target is for annual improvement, which the Health Board has achieved, rising steadily from 56.3% to 57.1%. They are ranked at third out of seven health boards.

Exhibit 19: percentage of residents treated at a dental practice in the previous 24 months
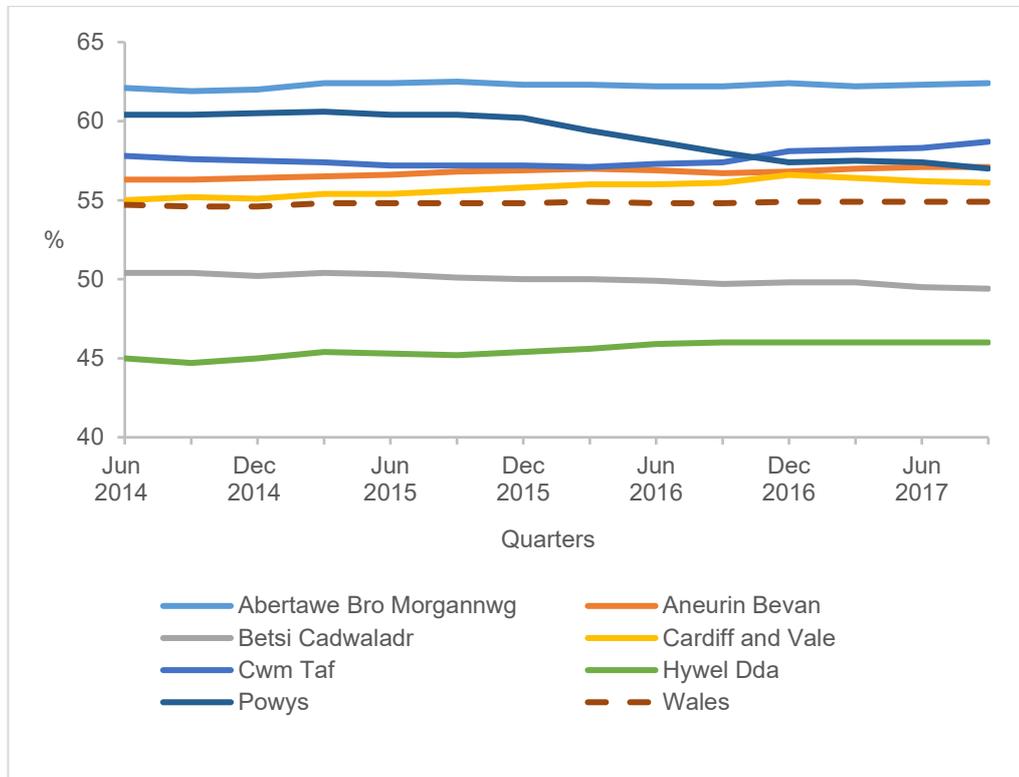
Target = annual improvement

Source: Dental activity forms, Welsh Government

The Health Board is making steady progress delivering its plans for primary and community care but a number of difficult challenges remain

96   The Division's monthly assurance report aims to provide assurance to the Division and Executive Team that services are being delivered effectively, while also seeking to improve performance. The report covers 60 indicators across primary and community care that are organised into four domains. Each indicator has a target and a tolerance level based on reaching national targets or achieving local improvement objectives targets set by the division. Scoring is allocated as follows:

- Green, 3 points – met target;
- Amber, 2 points – within the agreed tolerance;
- Red, 1 point – outside tolerance.

97   The scores are aggregated to make up an overall scorecard. Exhibit 20 shows that in February 2018 the overall score for the Division was 1.90. This rates

performance as red and 'outside tolerance'. Three out of four domains are rated red with only finance rated as amber. These scores illustrate the challenges that the Division continues to face in delivering its primary and community service plan.

Exhibit 20: scorecard setting out the high level position on the Division's performance

Domains	Denom.	Green	Amber	Red	Aggregate Score	Final score
Operational	24	7	7	10	45	1.88
Quality & Patient Safety	20	5	8	7	38	1.90
Workforce	11	4	2	5	21	1.91
Finance	5	2	1	2	10	2.00
Total	60	18	18	24	114	1.90

Red	<2
Amber	≥2 - <2.4
Green	≥2.4

Source: Aneurin Bevan University Health Board, Divisional Assurance Report February 2018.

98   The Division reports annually on progress delivering its work programme. Exhibit 21 summarises the extent of progress in 2016-17. Whilst some of the actions that have been marked as completed are in reality ongoing, overall the report demonstrates steady progress across all the contractor professions while recognising the sustainability issues facing GMS services.

Exhibit 21. progress against primary care work programme, 2016-17

	Priority areas set out in the work programme	Progress against priorities
General Medical Services	GMS sustainability, access including the 5 A's for Access, My Health Online roll out, Quality and Outcomes Framework indicators, progress delivering enhanced services; and contractual governance and assurance.	7 completed 8 ongoing
General Dental Services	Governance arrangements, assurance processes, general/personal dental services, orthodontic dental services, domiciliary dental care, minor oral surgery, and local oral health action plan.	6 completed 6 ongoing
Community Pharmacy	Governance arrangements, assurance processes, essential services, access, and enhanced services.	11 completed 4 ongoing
Community Optometry	Governance arrangements, assurance processes, enhanced services and the glaucoma service.	3 completed 2 ongoing

	Priority areas set out in the work programme	Progress against priorities
Primary care estates	Progress in current major development schemes, minor improvement grants, and store and scan service development.	1 completed 5 ongoing

Source: Primary Care Team Annual Report 2016-17

99   We asked the Health Board what the main barriers were to transforming primary care. Exhibit 22 shows that the Division recognises issues with a reduced supply of doctors and increasing demand from patients, as well as a need to find ways to deal with increasing complexity and provide more support for primary care.

Exhibit 22: the Division's view on the main barriers to transforming primary care

Barriers	What needs to be done to remove the barriers
Recruitment and retention of GPs	Remodelling the workforce, redirecting demand, embracing technology.
Increasing patient need and demand	Remodelling services, moving resources into primary care, embracing technology.
Increased complexity of the system	Greater collaboration to facilitate innovation and change.
Greater scrutiny	Developing a supportive mechanism across primary care to support changes.

Source: Wales Audit Office, Health Board self-assessment returns.

100   We sought views from the NCN leads on the successes of NCNs and main challenges facing primary care in their area. Exhibit 23 shows that the NCN leads feel their main successes are the employment of staff such as pharmacists, social prescribers and social workers. They also note progress with increased integration between services.

Successes	Number of NCNs
Practice based pharmacists	6
Integration of primary and secondary care planning	3
Social prescribing	3
Direct access physiotherapy	3
Social workers	2
Support for practice	1
Integration with community services	1

Source: Wales Audit Office survey of cluster leads, April 2018

101 As shown in Exhibit 24, the concerns raised by NCN leads are similar to those raised by the Division, namely problems with the supply of doctors at a time of increased demand. Other challenges are financial pressures and deprivation.

Exhibit 24: challenges described by NCN leads in our survey

Challenges	Number of NCNs
Sustainability of GP practices	5
GP recruitment and retention	4
Financial pressures	3
Community service issues	3
Deprivation and rurality	2
Increased demand	2
Slow pace of change among GP practices	1

Source: Wales Audit Office survey of cluster leads, April 2018

Appendix 1

Methods

Method	Detail
Health Board self-assessment	The self-assessment was the main source of corporate-level data that we requested from the Health Board in February 2018. This tool also incorporated a document request.
Survey of cluster leads	We sent an online survey to all cluster leads in Wales in April 2018. The overall response rate was 63% (45/67). The response rate for the Health Board was 58% (7/12).
Interviews	We interviewed a number of staff including the following with responsibility for primary care: • Vice Chair • Executive Director responsible for primary care • Medical Director • Assistant/Deputy Medical Director • Finance lead • Workforce lead • Planning and Performance lead • Operational Managers • Community Health Council representative
Review of the Health Board's Integrated Medium Term Plan	We reviewed the Health Board's medium term plan to assess the extent to which primary care is considered.
Use of existing data	We used existing sources of data wherever possible such as Welsh Government and Public Health Wales statistics.

Appendix 2

Management Response

Completion date: 8 February 2019

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1a	Calculate a baseline position for its current investment and resource use in primary and community care.	To establish a baseline from which to measure the resource shift towards primary care.		Yes	Work has been undertaken within the Health Board to develop a mechanism to demonstrate resource/activity shift in line with the WHC from July 2018.	Being presented to Board in December 2018 for consideration.	Rob Holcombe
R1b	Review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care.	To understand progress made in moving resources from secondary to primary care.		Yes	As above, this would be reported through the divisional and organisation governance framework reporting to Board quarterly through Public Partnership and Wellbeing Committee.	On going	Nick Wood

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R2	The Health Board should develop an action plan for raising the profile of primary care in the Health Board. Actions could include ensuring a standing item on Board agendas regarding primary care, and publishing an annual report on primary care.	To increase the Board's understanding of primary care performance	Yes	Yes	A change at Health Board executive level has resulted in an executive lead for Primary Care and Mental Health. As such will be a standing item/discussion at Executive Board.	Complete	
R3a	Review the contents of its Board and committee performance reports to ensure sufficient attention is paid to primary care.	To increase the Board's understanding of primary care performance	Yes	Yes	As above.	Complete	
R3b	Review the frequency with which Board and committees receive performance reports regarding primary care.	To increase the Board's understanding of primary care performance	Yes	Yes	Monthly reports are submitted via the assurance meetings. The Division also reports for both mid and full year reviews.	On going	

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R3c	Review the way it currently reports to Board and committees on its progress in delivering its plans for primary care, and importantly, how it is reporting on improved outcomes for patients in primary care.	To raise Board awareness of the impact of primary care transformation on patients.	Yes	Yes	The Division has monthly assurance meetings with their Executive Director. The Division also provides information at mid and full year to the Board.	On going	
R4a	Work with the NCNs to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models.	To support NCNs to evaluate initiatives and understand whether it would be beneficial to carry on and expand or stop.	Yes	Yes	A review has been undertaken via a workshop with the NCNs to look at current and planned investments and to determine and support decisions to withdraw and continue funding.	Complete	S Millar
R4b	Centrally collate evaluations of new ways of working and share the learning by publicising the key messages across all NCNs.	To provide a mechanism for NCNs to learn from each others initiatives.	Yes	Yes	The Division has a dashboard which captures activity and performance which is shared with the NCNs.	On going	Clinical Directors

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R4c	Subject to positive evaluation, begin to fund these new models from mainstream funding, rather than from the Primary Care Development Fund.	To ensure that new ways of working are embedded and sustainable.			Work has already begun and services such as Wet AMD for ophthalmology and extended skin are now funded as a core service which was initially established through pace setters.		
R4d	Work with the public to promote successful new ways of working, particularly new alternative first points of contact in primary care that have the potential to reduce demand for GP appointments.	To educate the public about alternative first points of contact available.	Yes	Yes	We are establishing the roles of care co-ordinators within primary care to support discussions within practice. Care Navigation training is being rolled out across Gwent to support reception staff to undertaken an alternative discussion with patients.	On going	NCN Leads/Heads of Service

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R5a	Review the relative maturity of NCNs, to develop and implement a plan to strengthen its support where necessary.	To strengthen and target NCN development support.	Yes	Yes	NCN Leads have been supported to undertake the competent leader programme to support the wider maturity of the NCNs.	On going	Associate Medical Director for Primary Care
R5b	Review the membership of NCNs and attendance at NCN meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups.	To ensure NCNs have the right representation.			The governance of NCNs is being reviewed. There remains differing levels of engagement at the local NCN meetings and this will be reviewed with the governance.	On going	NCN Leads
R5c	Clarify and publicise the governance and leadership arrangements for NCNs, to ensure better understanding of the responsibilities for decision-making.	To strengthen NCN governance.			As above.		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R5d	Ensure all NCN leads attend the Confident Primary Care Leaders course.	To strengthen NCN leadership.			This is on going. Recent appointments have been made to NCN leads and they will be accessing this development.	On going	Associate Medical Director
R5e	Consider introducing a locum NCN lead post, to work across all NCNs providing additional capacity and backfill for leads. The post could also be valuable in sharing learning across NCNs.	To increase support to NCNs.			This recommendation needs to be reviewed in line with the governance review.		

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